

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **091769,404** FILING DATE

APPLICANT(S)

3-23-04

CLAIMS

	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
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TOTAL IND.	✓	□	□	□
TOTAL DEP.	✓	□	□	□
TOTAL CLAIMS	✓	□	□	□

* IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		□	□	□	□
TOTAL DEP.		□	□	□	□
TOTAL CLAIMS		□	□	□	□

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS